

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE

AUTHORIZATION FOR BUILDING KEYS

Date: _____

Employee Name: _____

Phone Number: _____

Employee Banner Number: _____

Employee's Position: _____

(Keys issued to permanent employee only)

Employee's Department: _____

Please issue the following keys to the above employee:

Building: _____

Room (s) Number: _____

Other (Describe): _____

If requesting duplicate key indicate reason and Public Safety report must be attached if lost or stolen:

Approved by Printed Name _____

Signature _____

(Supervisor)

Approved by: Printed Name _____

Signature: _____

(Dean)

Approved: _____

(President's signature is required for Building Master Keys)